

Workforce Development: A Statewide Network of Public Health Professionals

The public health workforce is the most important ingredient in the public health system. *People* make public health work. To protect the public's health, the workforce must include an adequate number of people, in the right places around the state, who are well-prepared to do their jobs.

More than 3,500 people work in Washington's 34 local health departments, and about 1,200 work at the state Department of Health. All Washington residents rely on the specialized expertise of these workers when health threats occur—such as the appearance of anthrax in the mail or the first evidence of West Nile virus found in the state. Public health staff are the linchpins that keep the public health system working. They coordinate efforts with thousands more people: in hospitals, clinics, physicians' offices, schools, restaurants, water districts—everywhere work takes place that helps us all lead healthy lives.

The funding crisis in public health is felt most severely in the workforce area. In Washington, public health staff accounts for more than 75% of system expenditures, and staff reductions inevitably translate to reduced services or community protection.

Public health agencies report that they do not have adequate staffing levels. After a series of annual budget reductions, staff are stretched beyond reasonable expectations and are experiencing a sense of looming "burnout."

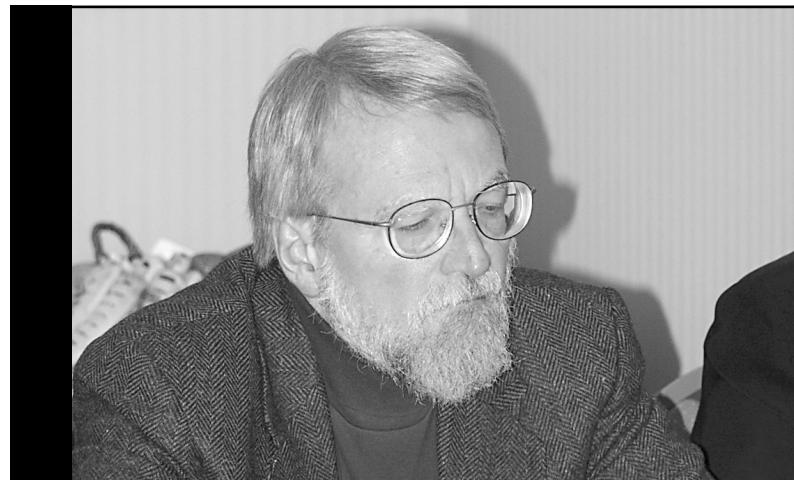
Budget cuts and consequent staff reductions in Washington's local public health agencies can cause critical services to disappear from large areas of the state—without anyone seeing how thin public health resources have become. Rural areas in particular have difficulty recruiting staff with special expertise or credentials. The fields most affected include nursing, epidemiology, environmental sanitation, and health education.

The PHIP addresses public health workforce development by defining needs statewide—from

small rural offices to programs in large urban settings. Prior to the partnership, workforce plans were quite separate from one Washington county to the next. By combining efforts, managers in the state system hope to fill training gaps, share expertise across borders, outline standards for performance, share recruitment efforts, develop retention incentives, pursue diversity, and support career-long learning goals. Among the recent initiatives are:

Defining core competencies

To do their jobs well, public health workers need access to a constantly changing set of health-related facts. They also need certain skills that cut across



"The PHIP has made impressive progress in identifying public health workforce needs across the state and developing strategies for recruitment and training."

—Workforce Development Committee Co-chair Jack Thompson (Director, University of Washington Northwest Center for Public Health Practice)

individual disciplines, such as understanding the “population-based” approach that is fundamental to public health protection. The PHIP has developed a framework for describing the skills that go beyond discipline-specific education and are critically important to achieving the PHIP vision elements and state standards (see Appendix 6).

Mapping the workforce

While we know the number of public health workers overall, we do not have an adequate description of the types of workers, the qualifications they hold, and where they work. Washington’s focus on emergency preparedness has made clear the need to measure and monitor the workforce so that officials know where they can access specific skills on short notice. As part of the state’s bioterrorism planning, the Department of Health and the University of Washington will collect workforce information that maps Washington’s public health capacity.

Expanding diversity

Our communities are diverse, with people of different races, ethnic backgrounds, and language groups. The public health workforce needs to reflect that diversity. To achieve this, we will need a concerted outreach to young people from diverse backgrounds to encourage them to pursue a broad range of health sciences education that includes nursing, medicine, pharmacy, social work, and biostatistics.

Developing a training network and learning management system

Washington is part of a six-state training network organized by the University of Washington Northwest Center for Public Health Practice. Washington has also put in place a system to allow workers to register on-line to receive training for specific programs using such methods as audio and video conferences, including satellite downlinks as well as classroom-style workshops. Last year, the training network served 2,345 participants through 45 broadcasts on topics ranging from smallpox to health disparity issues.

Building emergency response capacity

The training network is part of Washington’s emergency response system. On September 11, 2001, the state arranged a satellite downlink to a location in every county that could be activated

with a few hours notice. While it was not needed, it was reassuring to know that the broadcast system could swiftly link public health officials and hospitals with the U.S. Centers for Disease Control and Prevention.

Leadership development

A six-state Public Health Leadership Institute will begin its inaugural year in January 2003, sponsored by the University of Washington Northwest Center for Public Health Practice. The program selects participants from state and local public health roles in each state, along with members of community-based organizations. The institute offers a curriculum to help public health managers hone their skills in communication, leadership, policy development, and administration.

Bringing local policy makers together

Local Boards of Health, composed of elected and appointed officials from throughout Washington, now have the opportunity to meet each year to discuss issues that are commonly confronted at the local level.

The PHIP workforce development activity has a broader focus than “training.” The goal is to establish and support “learning systems” that workers use continuously. Public health workers must keep up with developments in their field, such as new diseases, new techniques for treatment, and new technologies for environmental protection. Strong learning systems are needed to support the workers who must respond to them so that they can easily get current, credible information when they need it most.

For more information on Workforce Development:

Washington Public Health Training Network

<http://www.doh.wa.gov/waphtn/>

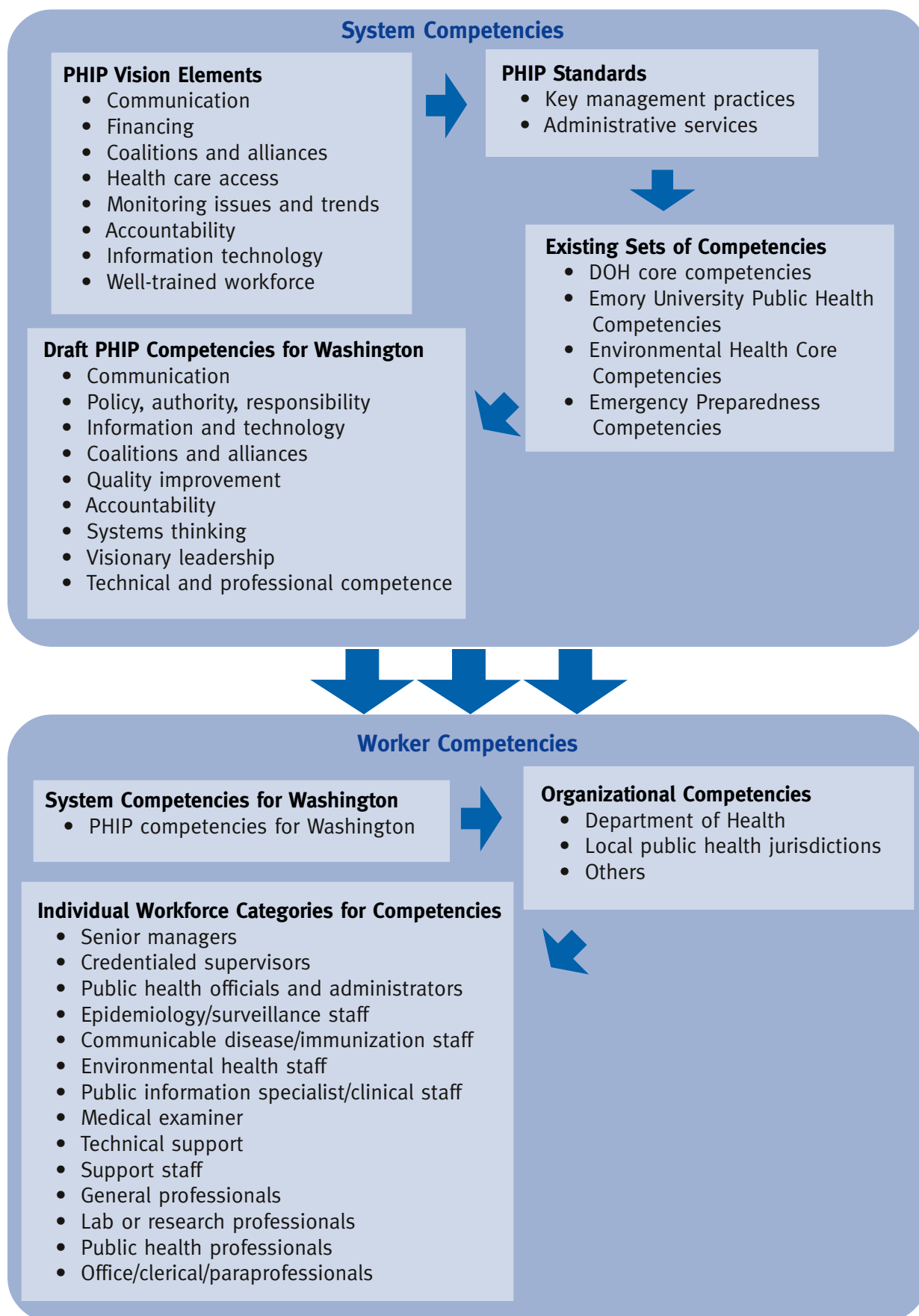
PHIP Workforce Development Committee Page

<http://www.doh.wa.gov/phip/WorkforceDevelopment.htm>

Northwest Center for Public Health Practice

<http://healthlinks.washington.edu/nwcphp/>

PHIP Public Health Competencies Model



Recommendations for 2003-2005

1. Complete a descriptive census of the public health workforce to document the size and range of workers available today and to identify training needs.

Effective workforce planning requires that we have basic information about today's workforce—its size, range of professional expertise, and distribution of basic capacity.

2. Adopt a set of expected worker competencies, linked to *Standards for Public Health in Washington State*, as the basis for developing training programs, college course curricula, performance measurement, and other aspects of public health workforce development processes.

Public health workers who are well-prepared to meet the challenges of today and tomorrow must have a thorough understanding of public health—in addition to the specific discipline for which they have been trained (e.g., medicine and biology). The use of a standard set of competencies will facilitate coordinated training and development efforts.

3. Develop a training system that links expected competencies with learning opportunities, tracks training data, and provides maximum flexibility in helping people obtain the information they need to perform their work.

Today's workers need continuous access to information that changes rapidly. They never stop learning, and they must become adept at finding information quickly. They must be able to rely on a range of sources, drawing from computers, video, print, and on-line literature, and real-time consultation with colleagues in neighboring counties—or countries.

4. Collect and distribute exemplary practices for increasing public health workforce diversity.

The composition of the public health workforce should reflect the communities served. Community-based efforts to recruit and train a diverse workforce will have long-term impact.

5. Pursue strategies that address leadership development and systematic incentives for workforce development such as establishing credentials for public health workers.